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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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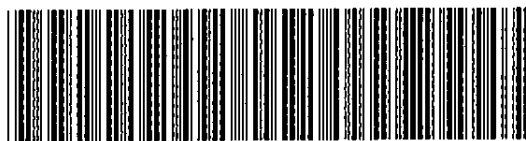
(Business Entity Name)

(Document Number)

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08/13/12--01050--023 **155.00

EFFECTIVE DATE 08-14-12

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12 AUG 13 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
AUG 16 2012
EXAMINER

McGill and Hassan, P.A.
attorneys at lawBlake W. Hassan, CPA, JD
Megan C. Weber, JD
John F. McGill, CPA, MBA, JD**FACSIMILE MEMO**

TO: Barbara

FAX NO: (850) 245-6030

FROM: Angela R. Stahl,
Paralegal for Blake W. Hassan

DATE: August 16, 2012

RE: Articles of Organization for Orlando Oral & Facial Surgery, PLLC

TOTAL PAGES: 15
(including cover)

RECEIVED
12 AUG 16 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Barbara,

As we discussed, attached please find a letter from Dean H. Whitman, DMD consenting to the use of indistinguishable name, as well as Articles of Amendment to change the name of Orlando Oral & Facial Surgery, P.A. and Articles of Organization for Orlando Oral & Facial Surgery, PLLC. I would appreciate it if you could make sure that both of these filings have an effective date of August 14, 2012.

If you have any questions or if this will be a problem, please contact me at (704) 24-5455.
Thank you in advance for your assistance in this matter.

Angie

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TALLAHASSEE, FLORIDA

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY COLLECT TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

ORLANDO ORAL & FACIAL SURGERY, P.A.
2045 LEE ROAD
WINTER PARK, FLORIDA 32789

July 31, 2012

Florida Department of State
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 AUG 13 PM 3:48

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Re: Consent to Use of Indistinguishable Name
Articles of Amendment

Dear Sir or Madam:

Enclosed please find an original and one (1) conformed copy of your Cover Letter and Articles of Amendment to Articles of Incorporation to change the name of Orlando Oral & Facial Surgery, P.A. (the "PA"), along with the filing fee and certified copy fee in the amount of \$43.75. If acceptable, please file the Articles of Amendment and kindly return a file-stamped copy to me for the P.A.'s records, along with your Certificate of Amendment.

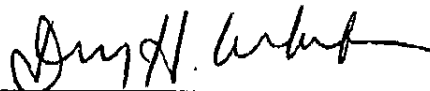
In connection with the amendment to the name, the undersigned hereby consents to the use of the name Orlando Oral & Facial Surgery, PLLC, which was previously indistinguishable on the Secretary of State's records from the name of the PA (see paragraph below for the Articles to create such PLLC). This consent is given pursuant to the provisions of Section 608.406(2) of the Florida Statutes.

Also enclosed please find an original and one (1) conformed copy of the Articles of Organization of Orlando Oral & Facial Surgery, PLLC in accordance with the consent provided above. I have also enclosed your required Cover Letter, along with the filing fee in the amount of \$155. If acceptable, please file the same and kindly return a file-stamped copy and your Certificate in the enclosed envelope.

I appreciate your attention to this matter.

Very truly yours,

ORLANDO ORAL & FACIAL SURGERY, PLLC

By: 
Dean H. Whitman, D.M.D.,
President

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orlando Oral & Facial Surgery, PLLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dean H. Whitman, DMD

Name of Person

Orlando Oral & Facial Surgery, PLLC

Firm/Company

2045 Lee Road

Address

Winter Park, FL 32789

City/State and Zip Code

dwhitman@oofs.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Blake W. Hassan, JD, CPA

at (704)

424-5450

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Orlando Oral & Facial Surgery, PLLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2045 Lee Road

Winter Park, FL 32789

Mailing Address:

same as principal office address

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Dean H. Whitman, DMD

Name

2045 Lee Road

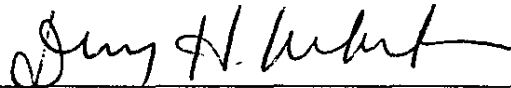
Florida street address (P.O. Box **NOT** acceptable)

Winter Park FL 32789

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Dean H. Whitman, DMD, P.A.

2045 Lee Road

Winter Park, FL 32789

MGRM

Martinez Oral & Facial Surgery, P.A.

2045 Lee Road

Winter Park, FL 32789

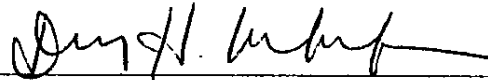
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TALLAHASSEE FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08-14-12 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Dean H. Whitman, DMD, President of Corporate Member

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

The purpose of Orlando Oral & Facial Surgery, PLLC is to provide professional oral and maxillofacial surgery services.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2012

DEAN H. WHITMAN, DMD
2045 LEE ROAD
WINTER PARK, FL 32789

SUBJECT: ORLANDO ORAL & FACIAL SURGERY, PLLC
Ref. Number: W12000042307

FILED
12 AUG 13 PM 3:48
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ORLANDO ORAL & FACIAL SURGERY, PLLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P06000041313,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 212A00020898